

Chas. P. Baile

Died at

Town New Windsor County Carroll Co MARYLAND

Data 1903	Month October	Day 2	Y. Aga	M. 60	D.	Native of Md	Occupation Cabinet Maker
Male	White		Married	Widow		Divorced	
Female	Colored		Single	Widower		Number of children living	None

Husband of

Wife

Father's Name

Mother's Maiden Name

79

How long sick  
5 month

Cause of

Death

Primary

Immediate

Heart Trouble

Accident, Suicide, Homicide

Reported by

H Bankerd Undertaker

New Windsor Md

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr Geo Brown

Name  
in  
Full

James L Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town	County			MARYLAND		
Date of death 1902	Month Oct	Day 1st	Age	Years	Months	Days
Sex Male	Color or Race	white		Occupation	Maryland	
Married, Single or Widowed	Single					
Name of Wife or Husband						
Father's Name	Leonard Baker			Father's Birthplace	Maryland	
Mother's Maiden Name	Alice Hager			Mother's Birthplace	Maryland	
Name of person giving Information	Leonard Baker			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  Enteritis	How long  3 weeks
Immediate  Meningitis	How long  2 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician  Jas D. Hering
	Address  Weston, Md.
Accident or Suicide?	

Robert Rose

Name In Full

Certificate of Death

Rebecca Bunker

Died at Pleasant Valley, Carroll County, MARYLAND

Died at	Town	Month	Day	Age	Y. M. D.	Native of	Occupation
	Pleasant Valley	Oct	28	89	9 -	America	Lived Reluct
Date 1902	White	Married		Widow			
	Female	Single		Widower		Number of children living	4

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Abram Bunker

Mother's

Jacob Myers

Meiden Name

Schaupner

How long sick

3 days

Accident, Suicide, Homicide

Primary

Old age

Immediate

Heart failure

Minotown

H H. Meador  
Undertaker



*William Barber*

Town

County

Died at

*Year**Carroll*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 19~~12~~

10

25

Age

32-1-20

mid

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of *Hannah A. Barber*

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

2 yrs

Accident, Suicide, Homicide

Reported by

*Dr. Joseph Wilson*

Address

*Fall River*

X

Must be signed by physician, if any in attendance, otherwise by owner, undertaker or minister.



Name in Full

Certificate of Death

Dr John A Buffington

Town

County

MARYLAND

Died at

New Windsor Carroll

Month

Day

Y.

M.

D.

Native of

Date 1902

10 18

Age 40

Md

Occupation

Doctor

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband  
of~~Wife~~Father's  
NameMother's  
Name

Cause of

Primary

How long sick

One Hour

Death

Immediate

Heat Disease

Accident, Suicide, Homicide

Reported by

S P Baile (undertaker)

Address

New Windsor Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Ann Buggard

Died at **Baltimore Carroll** MARYLAND  
 Town **Baltimore** County **Carroll**

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1902	10	6	Age 78			Md	
Male	White	Married		Widow	Divorced		
Female	Colored	Single		Widower	Number of children living	3	

Husband of **Randolph Buggard**  
 Wife **Joseph Laine** Mother's **Catherine Fleming**  
 Father's Name **Joseph Laine** Maiden Name **Catherine Fleming**

Cause of Death	Primary: Nephritis & Heart Disease	How long sick	12 mo
Death	Immediate	Accident, Suicide, Homicide	

Reported by

J.W. Lacy, undertaker

Address



Lisbon, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



# David N. Burnard.

Town	County			MARYLAND
Died at	Poisonville	Carroll		
Date 1902	Month Oct.	Day 17	Y. M. D.	Native of
Male	Age 72.	Married	Widow	Occupation
Female	White	Colored	Widower	Maryland, Farmer.
Husband of				Number of children living 3.
Wife				

Father's Name	Don't know	Mother's Maiden Name	Don't know
Cause of Death	Primary Pneumonia	How long sick	11 days.
Death	Immediate	Accident, Suicide, Homicide	

Reported by

J.W. Ray. Undertaker  
  
 Lister, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Minnie Ellen Conaway

Town

County

Died at

Brist

Carroll

MARYLAND

Date 1902	Month Oct	Day 2	Y. 20	M. 4	D. 23	Native of Maryland	Occupation House wife
<u>Male</u>	White	Married	<u>Widower</u>				
Female	<u>Colored</u>	<u>Single</u>	<u>Widower</u>			Number of children living	two

Husband of

Edwin S Conaway

Wife

Father's Name John W Pickett Mother's Name Elyo J Pickett

Cause of Primary Child birth

How long sick

17 days

Death

Immediate

Puerperal Septicemia

Accident, Suicide, Homicide

Reported by

E D Crunk M.D.

Address

Winfield [redacted] Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Richard Connor 68

Died at Middleburg County Carroll MARYLAND

Date 1902 Month Oct Day 16 Y. 14 M. — Native of Hy Stables  
 Male White — Occupation  
 — Colored Single Widower — Children living

Husband

Wife

Father's

Name

Mother's Name

Do not know

Cause of Death Primary Ticked & dragged by horse How long sick —  
 Immediate skull fractured & internal haemorrhage Accident, suicide homicide

Reported by Dr. H. L. Fair

Address

Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

66

*Harold Cox*

Town	County
Marion Bridge	Carroll
MARYLAND	

Died at	Month	Day	A.	M.	D.	Native of	Occupation
Date 1902	10	8	Age	68		Bucks Co., Pennsylvania	
Male	White		Married		Widow	Divorced	
Female	Colored		Single		Widower	Number of children living	

Husband of \_\_\_\_\_

Wife

Father's  
Name

*Geo. Cox*

Mother's  
Maiden Name

*Sarah Roberts.*

Cause of

Primary

How long sick

Death

Immediate

*Cardiac neuralgia*

Accident, Suicide, Homicide

Reported by

*Dr. Marshall Brown M.D.*

Address

*Marion Bridge, Carroll Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William W. Doran

Town Westminster County Carroll MARYLAND

Died at

Date 1902

Month 10. Day 20Y. 8. M. 3 D. -

Native of

md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Singleton Doran Mother's Jesse Spriggs  
Maiden Name

Cause of

Primary

Cold

How long sick

Death

Immediate

Peritonitis 116

Accident, Suicide, Homicide

Reported by

Jas. H. Billings M.D.  
Westminster

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

X

Stone

Name  
in  
Full

George Sponsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Oct	Day 31	Age 71	Years 6	Months — Days
Sex Male	Color or Race Colored.	Occupation Laborer			
Married, Single or Widowed Married	Mary Goodwin 81				
Name of Wife or Husband	William Deoray			Father's Birthplace	Maryland
Father's Name	Priscilla Woodlyard			Mother's Birthplace	Maryland
Mother's Maiden Name	Mary Deoray			How related to deceased	wife
Name of person giving information				CAUSES OF DEATH	

PHYSICIAN  
OR CORONER

Primary

Arterio Sclerosis

How long

2 years

Immediate

Embolism of Liver

How long

6 mos

Are the name, age, sex, color, date and place correctly given above?

yes

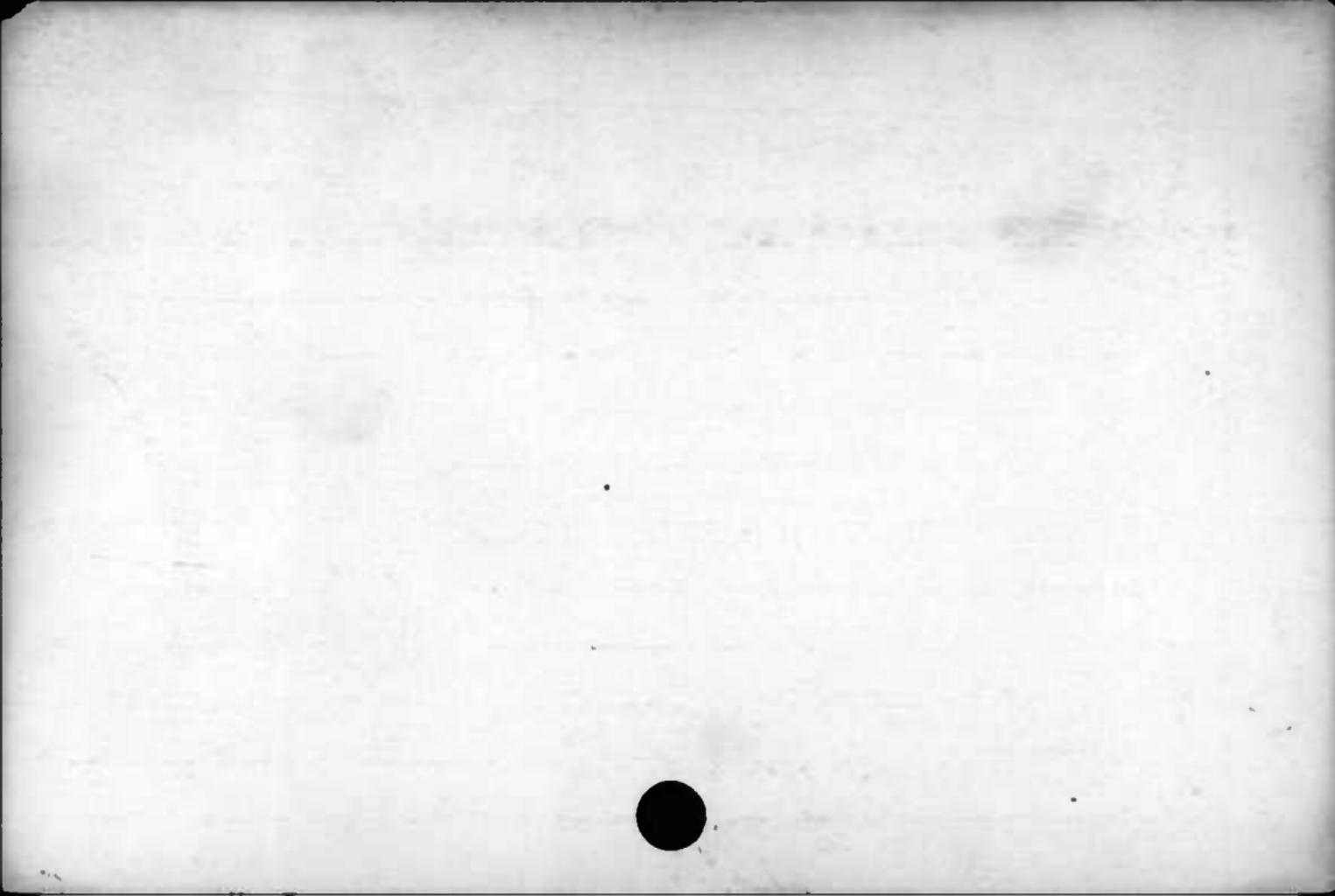
Signature of Physician

Address

Chas R. Foyt

Westminster

Accident or Suicide?



Johnzie Easton

Town

County

MARYLAND

Died at

Date of  
Death

Month

Day

Y.

M.

D.

Native of

Occupation

10 20

Age 65-8-9

Md Blacksmith

Male

White

Married

Widow

Divorced

 Female Colored Single Widower

Number of children living

6

Husband  
 ofSusana EastonFather's  
NameJohnzie EastonMother's  
NameSarah Easton

Cause of

Primary

Cerebral Hemorrhage

How long sick

18 mo.

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

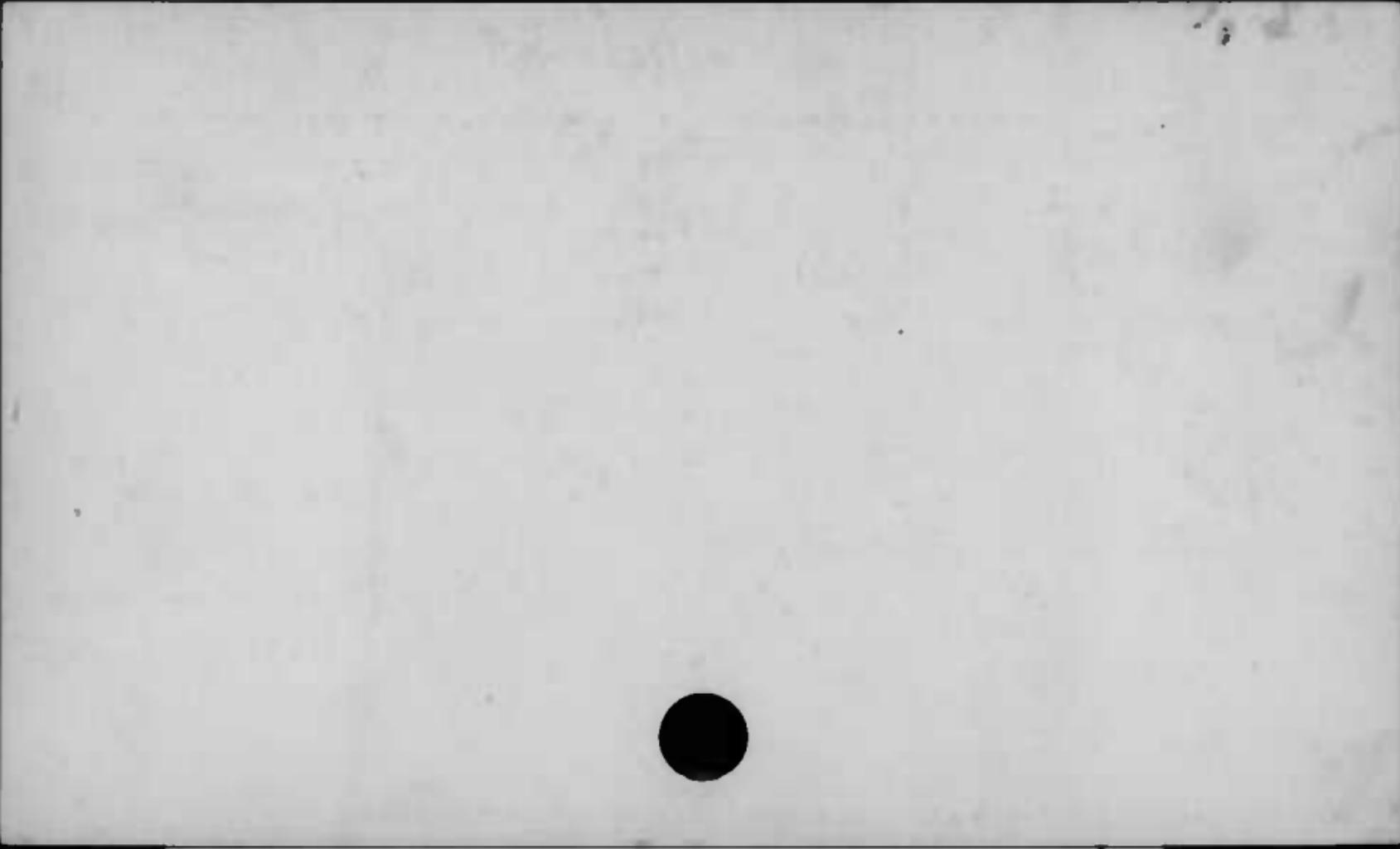
E D. Crum

M.D.

Address

WinfieldCarroll Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Time  
in  
Full

W.W. 6-15

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Hampstead</u>		Town <u>Carroll Co.</u>		County <u>MARYLAND</u>	
Date of death 1902.	Month 10	Day 27	Age 19	Years	Months 1
Sex <u>Male</u>	Color or Race <u>White -</u>	Birth-place	Days 12		
Married, Single or Widowed	Occupation <u>Single Laborer</u>				
Name of Wife or Husband					
Father's Name <u>Joseph E. Bush</u>			Father's Birthplace		
Mother's Maiden Name <u>Elizabeth Schmidt</u>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

S2

Primary

Addison's Disease

How long

1 year

Immediate

Pulmonary tuberculosis

How long

10 mos.

Are the name, age, sex, color, date and place correctly given above?

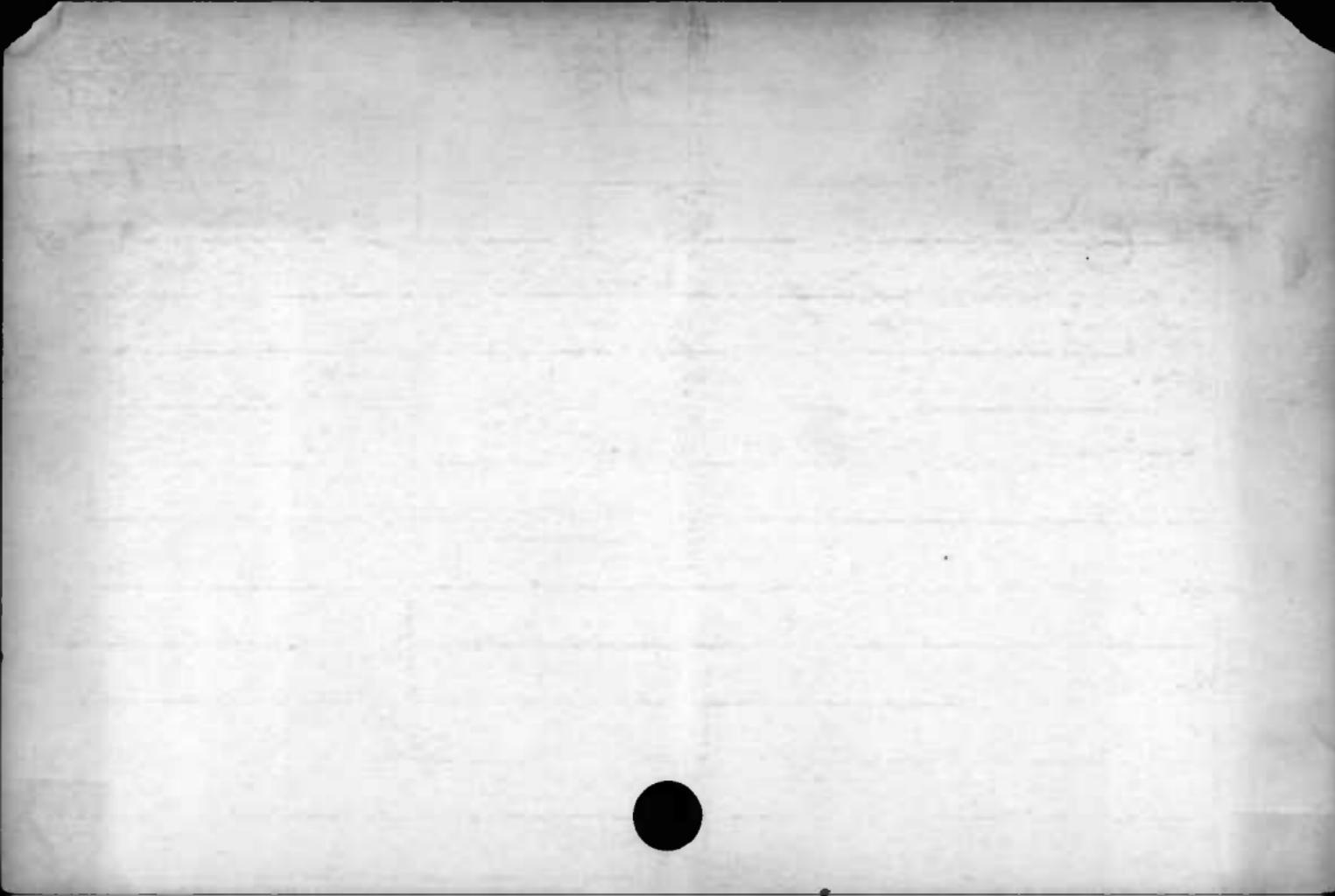
Signature of Physician

Edgar M. Bush

Address

Hampstead Md.

Accident or Suicide? \_\_\_\_\_



Rachel Ida Franklin

Town County

Died at

Franklinville

Carroll

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

10 - 14

Age 44 1 - 7

Md

Household

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3.

~~Relationship~~ of

Wife

Lewis C. Franklin

Father's

Name

Thomas H. Shipley

Mother's

Name

Cordelia Shipley

Cause of

Primary

Consumption

How long since

18 months

Death

Immediate

Heart Failure

27

Accident, Suicide, Homicide

Reported by

J. P. Wally & Sons F. D. & E.

Address

Winfield

Md

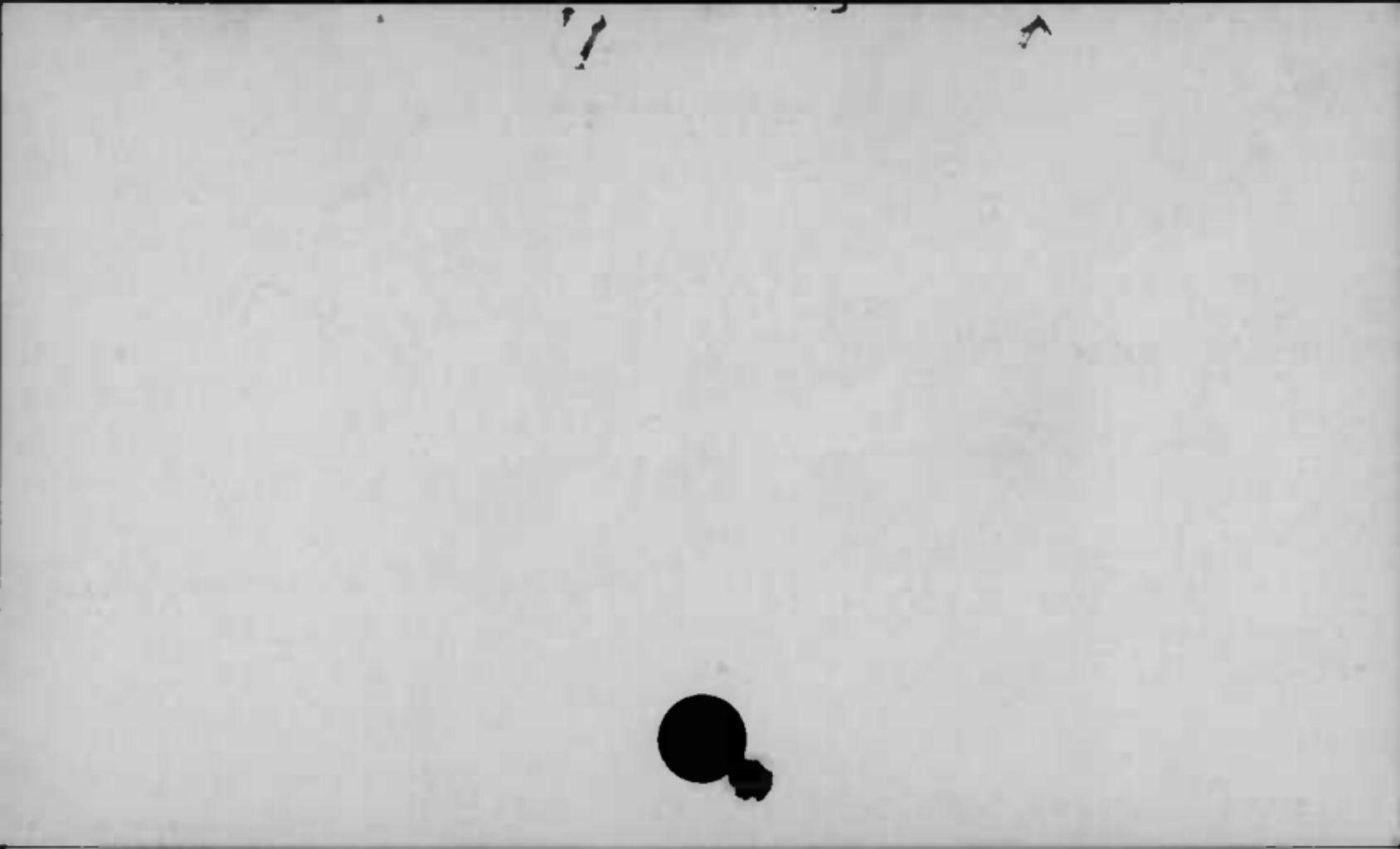
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



<i>Herr and Hammond</i>					MARYLAND
Died at	Town	County			
Ridgerville	Carroll				
Date 19	Month Oct	Day 8	Y.	M.	D.
2			19	-	-
Male	Age	Native of	Occupation		
<u>Female</u>	<u>Married</u>	<u>Md</u>			
	White	Widow			
	Colored	Widower			
	Singla	Divorced	<u>Number of children living</u>		
Husband of					
Wife					
Father's Name	Mother's Maiden Name				
Cause of Death	How long sick				
Primary					
Immediate	Accident, <del>Suicida, Homicide</del>				
Reported by					
Address					

*Shot-*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sarah Jane Harman

Town

County

MARYLAND

Died at

Janeytown

Carroll

Date 189  
1962

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Age

60

4

Widow

Divorced

~~Male~~

White

Married

Widower

Female

~~Male~~~~Single~~

Number of children living

10

Husband

of

Wife

Father's

Name

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

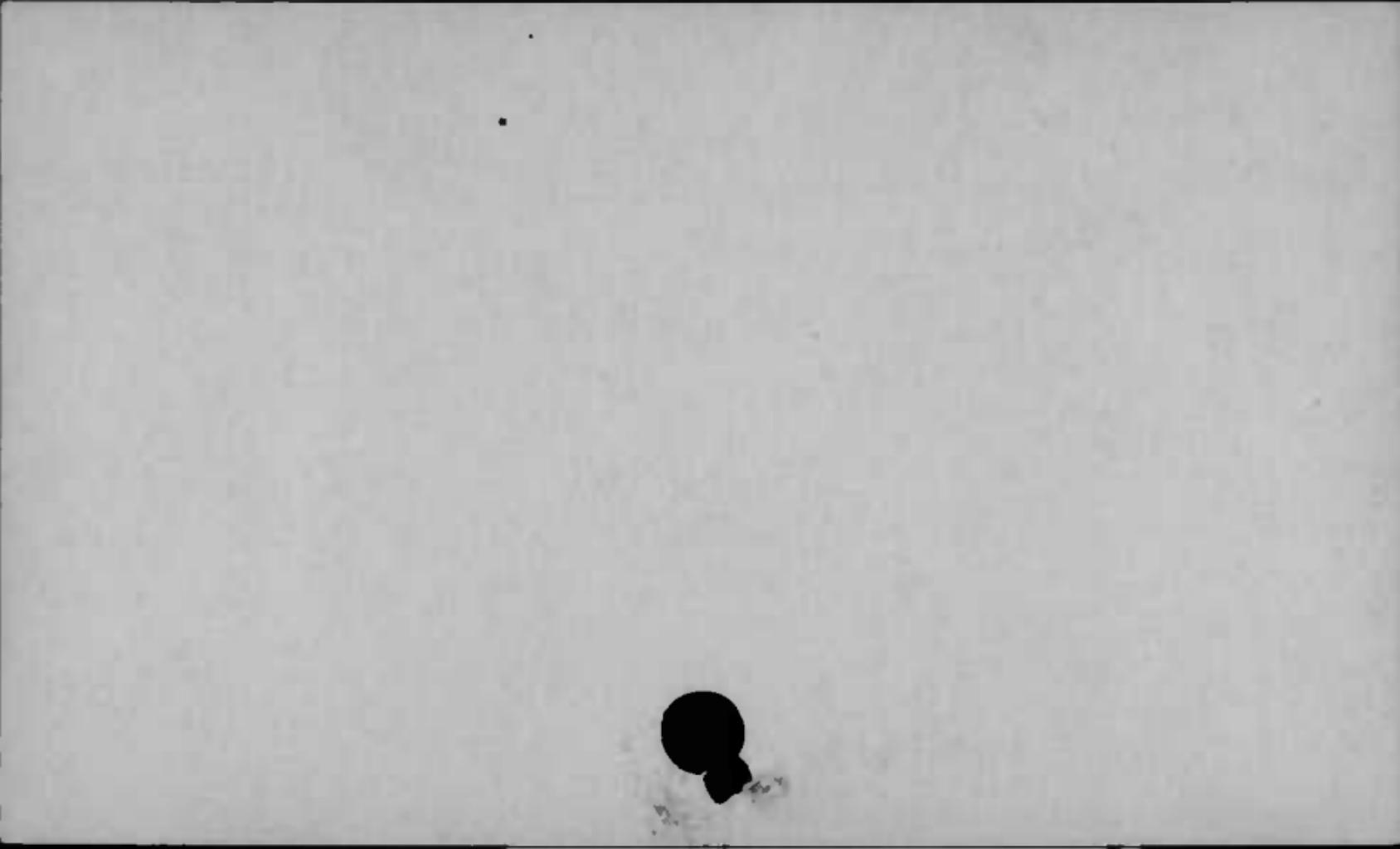
LIBRARY BUREAU, 15988

Joseph Harman  
 Christopher Dayhoff      Mother's Name Catherine Dayhoff  
 Paralysis      How long sick 5 yrs.  
 Primary      Accident, Suicide, Homicide

L.W. Weaver



Janeytown Md



Name in Full

Certificate of Death

*Mrs. James Harris*

Town

County

MARYLAND

Died at

Parsonville

Carroll

Date 19

2 Oct 21

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age 54  
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

*James Harris*

Mother's

Maiden Name

Cause of

Primary

*Consumption*

How long sick

Death

Immediate

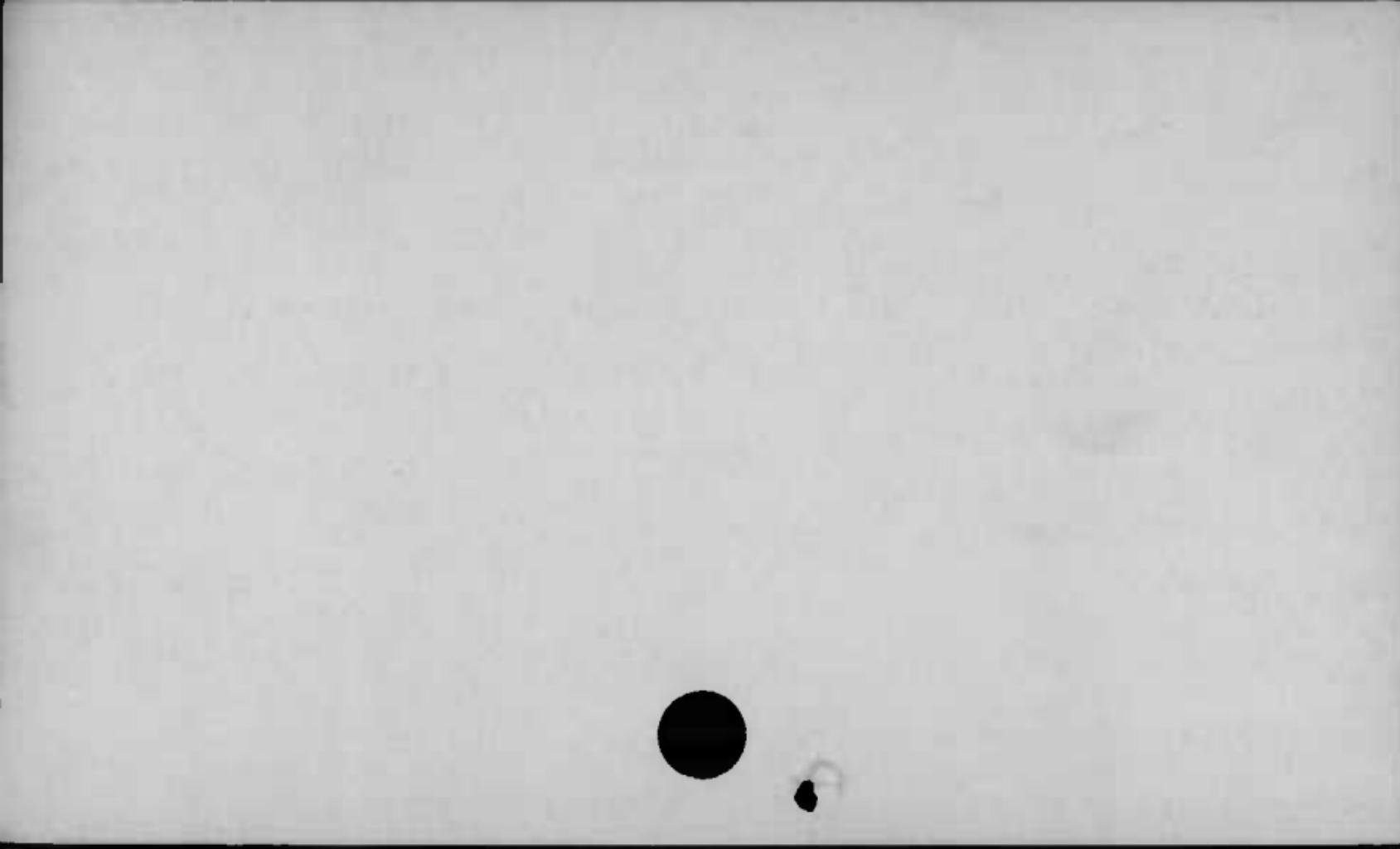
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Martha Sue Hymiller

Certificate of Death

Died at

Town  
WestminsterCounty  
carroll

MARYLAND

Date 1902 Oct 1

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age

43

Female

Colored

Married

Widow

Divorced

Single

Widower

Number of children living

5

Husband

of

Harry H. Hymiller

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Heart disease

How long sick

Few hours

Death

Immediate

Accident, Suicide, Homicide

Reported by

Thos J. Connor M.D.

Address

Westminster

X

Must be signed by physician, if any in attendance, otherwise by casketner, undertaker or minister.

Boss Chard

Stover

Name in Full

Certificate of Death

James Keeler 69  
 Town Union Bridge County Carroll MARYLAND  
 Died at Union Bridge Carroll MARYLAND  
 Date 1902 Month Oct Day 26 Y. 58 M. D. Native of Md Occupation Engineer  
 Male White Married - - Number of children living  
 - Colored Single - -  
 Husband of Letrecia Keeler

Father's Name

Mother's Name

Cause of Death Primary

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

67

L. Elizabeth Koons

Died at

Town

middleburg

County

Carroll

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02Oct 1068Widowmd

Female

White

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Aeurasthenia

How long sick

2 weeks

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

Dr H L Fair

Address

Union

Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Martha E. Matthews

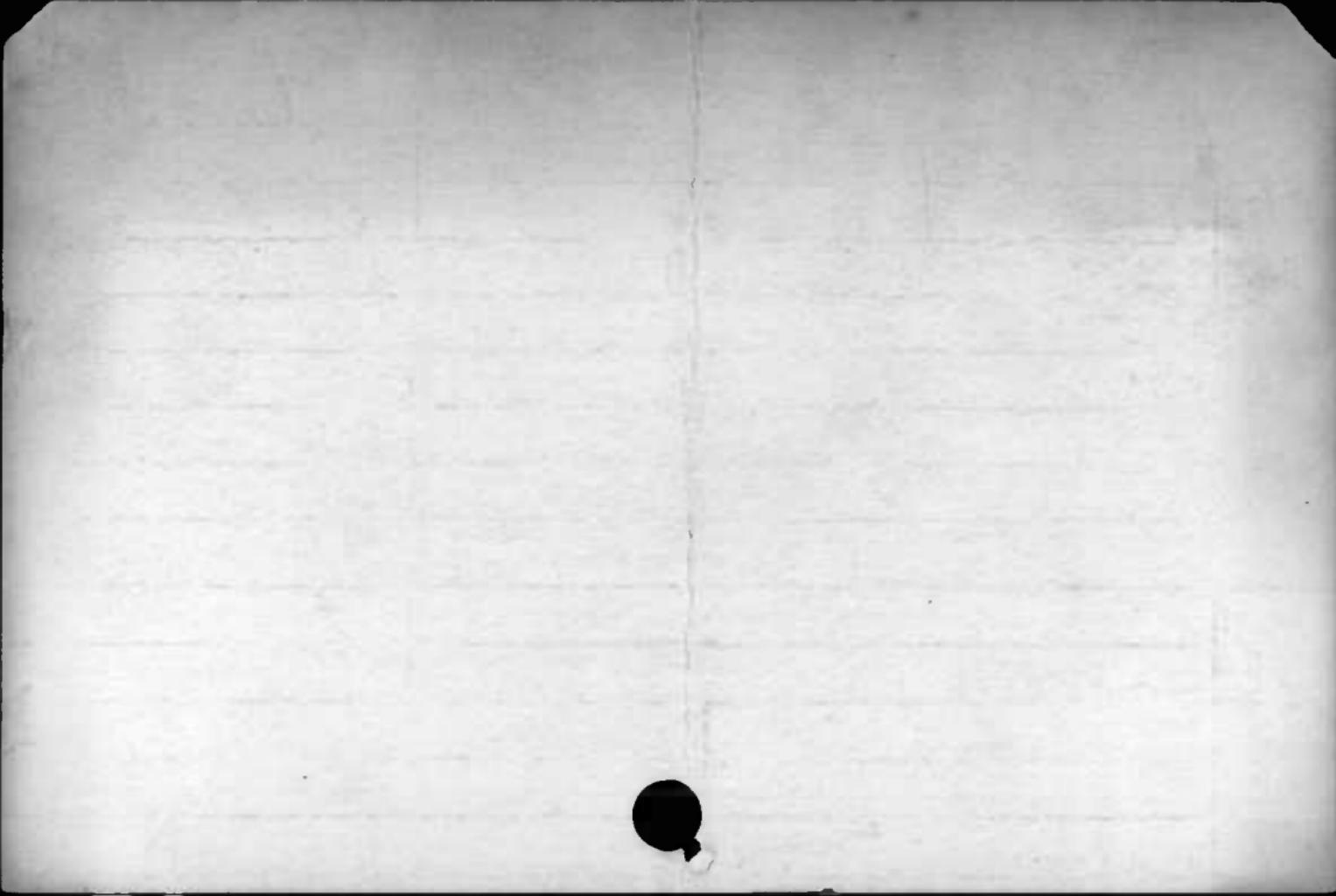
## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race		Birth-place				
Married, Single <del>Widowed</del>			Occupation				
Name of Husband			<i>Marcie &amp; Housewife</i>				
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information	<i>Pearl Matthews</i>		How related to deceased				

## CAUSES OF DEATH

Primary	<i>Cancer</i>	How long	<i>Two years</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. Presley W. MacEacher</i>

Accident or Suicide?



# Harry F Miller

Town

County

Died at

Snyderburg

Carroll

MARYLAND

Date of

1912

Month

Day

Y.

M.

D.

Native of

Maryland

Occupation

Farmer

Date of

Oct 5

Age

17 1 25

Male

White

Married

Widow

Divorced

Female

Colonel

Single

Widower

Number of children living

Husband  
ofFather's  
NameMother's  
Name

Mary E Switzer

How long sick

Cause of

Primary

Typhoid Fever

Death

Immediate

Heporrhage

Accident, Suicide, Homicide

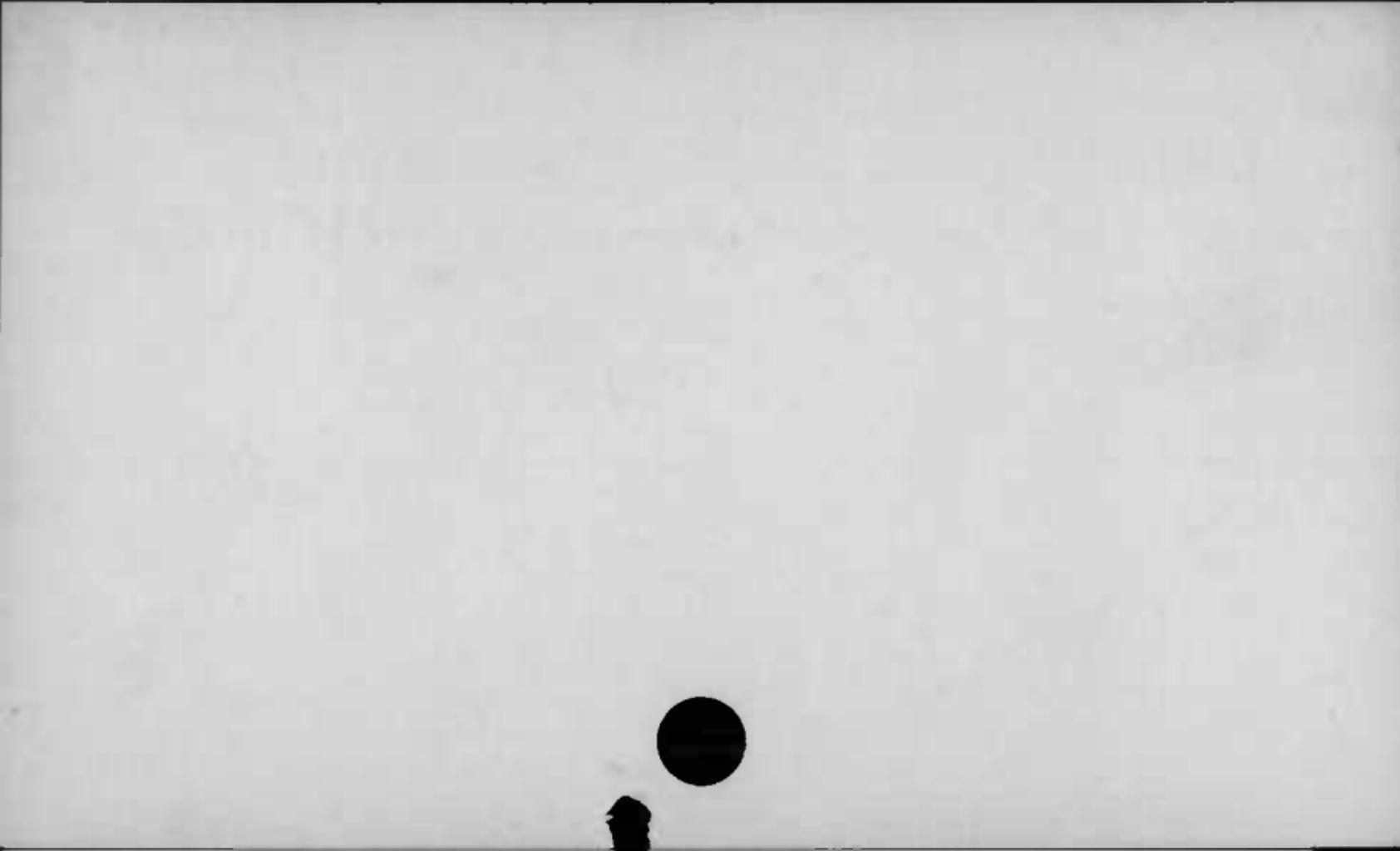
Reported by

J H Sherman MD

Address

Perryville Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by constable, undertaker or minister.



Name in Full

Certificate of Death

Laura

Renzel

J. Dillies

Town

County

MARYLAND

Died at

Brucerville

Derrowe

Month

Day

Y

M.

D.

Native of

Occupation

Date 19

or Oct. 27.

Age

3.0.10

Md.

Infant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

/

/

/

Wife

/

/

/

Father Name

Obadiah C. Renzel

Maiden Name

Maryj. Hahn

Cause of

Primary

Hemophilia, Dis. of stomach 3 weeks -

How long sick

Death

Immediate

Anaemia,

Accident, Suicide, Homicide

Reported by

Chas. St. Diller 85

Address

D. P. Creek -



Maryland-X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Annie. Louisa Toop

Towny County MARYLAND  
 Died at Westminster Carroll

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1902	10-	20	Age	6-8		nd	
Female	White	Married		Widow		Divorced	
	Colored	Single		Widower		Number of children living	

Husband of

Wife

Father's Name

Samuel Toop

Mother's Maiden Name

Alice. F. Myers

Cause of Death

Primary

Meningitis

How long sick

Immediate

7 days

Accident, Suicide, Homicide

Reported by

Phys J. Coonan MD,  
West Tn

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Stone,

Name in Full

Certificate of Death

Gladys Wagner  
Town Girl County Carroll

MARYLAND

Died at

Date <u>1902</u>	Month <u>10</u>	Day <u>1</u>	Y. <u>1</u>	M. <u>4</u>	D. <u>1</u>	Native of <u>MD</u>	Occupation
<u>Mate</u>	<u>White</u>	<u>Age</u> <u>Mature</u>	<u>Widow</u>	<u>Divorced</u>			
<u>Female</u>	<u>Colored</u>	<u>Single</u>	<u>Widower</u>				<u>Number of children living</u> <u>105</u>

Husband  
of

Wife

Father's

Name

Columbus M Wagner      Mother's Elinvar Wagner

Cause of Primary Irritation of Bowels      How long sick 1 week

Death Immediate Heart Failure      Accident, Suicide, Homicide

Reported by

J. P. Wally & Sons F. D. & E.  
Winfield MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

